ST JOSEPHS HOME 9244 29TH AVE

Phone: (262) 694-0080 KENOSHA 53143 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/04): 93 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 93 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 89 Average Daily Census: 90

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %							
Home Health Care	No	Primary Diagnosis	<u> </u>	Age Groups	%	Less Than 1 Year	34.8		
Supp. Home Care-Personal Care	No					1 - 4 Years	44.9		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.1	More Than 4 Years	20.2		
Day Services	No	Mental Illness (Org./Psy)	51.7	65 - 74	3.4				
Respite Care	No	Mental Illness (Other)	1.1	75 - 84	25.8		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.9	*******	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.7	Full-Time Equivalent			
Congregate Meals No		Cancer 1.1 Nursing Staff p				Nursing Staff per 100 Res	per 100 Residents		
Home Delivered Meals	Delivered Meals No Fractures		1.1	İ	100.0	(12/31/04)			
Other Meals	No	Cardiovascular	11.2	65 & Over	98.9				
Transportation	No	Cerebrovascular	3.4			RNs	13.0		
Referral Service	No	Diabetes	2.2	Gender	8	LPNs	8.9		
Other Services	No	Respiratory	0.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	28.1	Male	19.1	Aides, & Orderlies	46.6		
Mentally Ill	No	İ		Female	80.9				
Provide Day Programming for		İ	100.0	j					
Developmentally Disabled	No	İ		İ	100.0				
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Method of Reimbursement

		Medicare 'itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	<u>l</u>		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	1	2.3	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.1
Skilled Care	7	100.0	221	35	79.5	119	0	0.0	0	38	100.0	173	0	0.0	0	0	0.0	0	80	89.9
Intermediate				8	18.2	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	8	9.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		44	100.0		0	0.0		38	100.0		0	0.0		0	0.0		89	100.0

ST JOSEPHS HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	2.3	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.3	Bathing	0.0		64.0	36.0	89
Other Nursing Homes	8.0	Dressing	5.6		74.2	20.2	89
Acute Care Hospitals	83.0	Transferring	29.2		51.7	19.1	89
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.3		49.4	29.2	89
Rehabilitation Hospitals	0.0	Eating	39.3		49.4	11.2	89
Other Locations	4.5	*******	******	*****	*****	*******	*****
Total Number of Admissions	88	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.6	Receiving Resp	iratory Care	2.2
Private Home/No Home Health	46.0	Occ/Freq. Incontiner	nt of Bladder	50.6	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	1.1	Occ/Freq. Incontiner	nt of Bowel	34.8	Receiving Suct	ioning	0.0
Other Nursing Homes	5.7	İ			Receiving Osto	my Care	0.0
Acute Care Hospitals	8.0	Mobility			Receiving Tube	Feeding	1.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.2	Receiving Mech	anically Altered Diets	27.0
Rehabilitation Hospitals	0.0	į					
Other Locations	2.3	Skin Care			Other Resident C	haracteristics	
Deaths	36.8	With Pressure Sores		11.2	Have Advance D	irectives	97.8
Total Number of Discharges		With Rashes		3.4	Medications		
(Including Deaths)	87	İ			Receiving Psyc	hoactive Drugs	69.7

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership: Bed S			Size:	Lic	ensure:				
	This	This Nonprofit		50	-99	Ski	lled	Al	1		
	Facility Peer Group		Peer	Group	Peer Group		Faci	lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	96.8	92.7	1.04	89.0	1.09	90.5	1.07	88.8	1.09		
Current Residents from In-County	92.1	84.6	1.09	81.8	1.13	82.4	1.12	77.4	1.19		
Admissions from In-County, Still Residing	33.0	20.5	1.61	19.0	1.73	20.0	1.65	19.4	1.70		
Admissions/Average Daily Census	97.8	153.0	0.64	161.4	0.61	156.2	0.63	146.5	0.67		
Discharges/Average Daily Census	96.7	153.6	0.63	163.4	0.59	158.4	0.61	148.0	0.65		
Discharges To Private Residence/Average Daily Census	45.6	74.7	0.61	78.6	0.58	72.4	0.63	66.9	0.68		
Residents Receiving Skilled Care	91.0	96.9	0.94	95.5	0.95	94.7	0.96	89.9	1.01		
Residents Aged 65 and Older	98.9	96.0	1.03	93.7	1.06	91.8	1.08	87.9	1.13		
Title 19 (Medicaid) Funded Residents	49.4	54.6	0.91	60.6	0.82	62.7	0.79	66.1	0.75		
Private Pay Funded Residents	42.7	32.6	1.31	26.1	1.64	23.3	1.84	20.6	2.08		
Developmentally Disabled Residents	0.0	0.5	0.00	1.0	0.00	1.1	0.00	6.0	0.00		
Mentally Ill Residents	52.8	37.4	1.41	34.4	1.54	37.3	1.42	33.6	1.57		
General Medical Service Residents	28.1	20.2	1.39	22.5	1.25	20.4	1.38	21.1	1.33		
Impaired ADL (Mean)	52.1	50.1	1.04	48.3	1.08	48.8	1.07	49.4	1.06		
Psychological Problems	69.7	58.4	1.19	60.5	1.15	59.4	1.17	57.7	1.21		
Nursing Care Required (Mean)	5.6	7.0	0.81	6.8	0.82	6.9	0.82	7.4	0.76		